



Debit Dispute Form

Cardholder Name: _____ Account Number: _____

Debit Card Number: _____

Transaction Details:

	Transaction Date	Amount	Merchant Name
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Please check **only one** statement that pertains to the reason for your dispute:

- Cancelled – I was charged for a product for service that I have previously cancelled.
- Duplicate Charge – I have been billed more than once for the same transaction.
Date of original charge: _____
- Fraudulent – This transaction was unauthorized.
- Incorrect amount – I was billed the wrong amount.
- Merchandise not as described – the merchandise I received was damaged, defective or not what ordered.
- Non-Receipt of merchandise or service – I did not receive the merchandise or service I ordered.
- Paid by other means – I paid for this transaction with another form of payment.
- Service not as described – The service I received was not what I expected based on the description provided.

In the space provided below please explain your attempt to resolve the dispute with the merchant. Include cancellation numbers, persons you spoke with, dates of conversations, etc. Detail any information you think is necessary. If you have receipts, emails, etc. please include those with this dispute form.

Cardholder Signature: _____ Date: _____